

**COMMUNITY HEALTH CENTERS
OF SOUTHERN IOWA, INC.**

**FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION**

YEARS ENDED NOVEMBER 30, 2014 AND 2013

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

**COMMUNITY HEALTH CENTERS OF SOUTHERN IOWA
TABLE OF CONTENTS
YEARS ENDED NOVEMBER 30, 2014 AND 2013**

INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS	
BALANCE SHEETS	3
STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS	4
STATEMENTS OF CASH FLOWS	5
NOTES TO FINANCIAL STATEMENTS	6
SUPPLEMENTARY INFORMATION	
SCHEDULES OF EXPENDITURES OF FEDERAL AWARDS	14
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS	15
INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS	16
INDEPENDENT AUDITORS' REPORT ON COMPLIANCE WITH REQUIREMENTS THAT COULD HAVE A DIRECT AND MATERIAL EFFECT ON EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH OMB CIRCULAR A-133	18
SCHEDULE OF FINDINGS AND QUESTIONED COSTS	20

1. The first step in the process of the scientific method is to ask a question.

2. The second step is to do background research on the topic.

3. The third step is to form a hypothesis, which is a prediction about the outcome of the experiment.

4. The fourth step is to design and conduct the experiment.

5. The fifth step is to analyze the data and draw conclusions.

6. The sixth step is to communicate the results of the experiment.

7. The seventh step is to repeat the experiment to verify the results.

8. The eighth step is to apply the results to other situations.

9. The ninth step is to use the results to develop new questions.

10. The tenth step is to use the results to develop new hypotheses.

11. The eleventh step is to use the results to develop new experiments.

12. The twelfth step is to use the results to develop new theories.

13. The thirteenth step is to use the results to develop new laws.

14. The fourteenth step is to use the results to develop new models.

15. The fifteenth step is to use the results to develop new predictions.

16. The sixteenth step is to use the results to develop new explanations.

17. The seventeenth step is to use the results to develop new solutions.

18. The eighteenth step is to use the results to develop new products.

19. The nineteenth step is to use the results to develop new services.



CliftonLarsonAllen LLP
CLAconnect.com

INDEPENDENT AUDITORS' REPORT

Board of Directors
Community Health Centers of Southern Iowa, Inc.
Leon, Iowa

Report on the Financial Statements

We have audited the accompanying financial statements of Community Health Centers of Southern Iowa, Inc., which comprise the balance sheets as of November 30, 2014 and 2013, and the related statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinions

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Community Health Centers of Southern Iowa, Inc., as of November 30, 2014 and 2013, and the results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

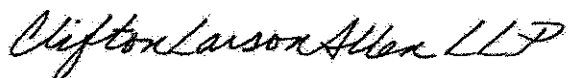
Other Information

Our audit was conducted for the purpose of forming an opinion Community Health Centers of Southern Iowa, Inc.'s financial statements. The schedule of expenditures of federal awards, as required by U.S. Office of Management and Budget Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations, is presented for purposes of additional analysis and is not a required part of the financial statements.

The schedule of expenditures of federal awards is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated February 19, 2015, on our consideration of Community Health Centers of Southern Iowa, Inc.'s, internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the result of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Community Health Centers of Southern Iowa, Inc.'s, internal control over financial reporting and compliance.



CliftonLarsonAllen LLP

Austin, Minnesota
February 19, 2015

**COMMUNITY HEALTH CENTERS OF SOUTHERN IOWA
BALANCE SHEETS
NOVEMBER 30, 2014 AND 2013**

ASSETS	<u>2014</u>	<u>2013</u>
CURRENT ASSETS		
Cash and Cash Equivalents	\$ 108,173	\$ 15,951
Certificates of Deposit	107,517	76,049
Accounts Receivable, Net	325,211	554,029
Grants and Other Receivables	15,701	19,385
Third Party Payor Settlements Receivable	216,262	34,516
Inventory	-	9,744
Prepaid Expenses	55,822	46,498
Total Current Assets	<u>828,686</u>	<u>756,172</u>
PROPERTY AND EQUIPMENT, NET	<u>2,616,266</u>	<u>2,165,120</u>
Total Assets	<u><u>\$ 3,444,952</u></u>	<u><u>\$ 2,921,292</u></u>
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts Payable	\$ 214,859	\$ 172,600
Accrued Expenses	185,994	193,025
Current Maturities of Long-Term Debt	142,656	124,026
Total Current Liabilities	<u>543,509</u>	<u>489,651</u>
LONG-TERM DEBT		
Long-Term Debt, Net of Current Maturities	<u>179,274</u>	<u>255,929</u>
Total Liabilities	722,783	745,580
COMMITMENTS AND CONTINGENCIES		
NET ASSETS		
Unrestricted	<u>2,722,169</u>	<u>2,175,712</u>
Total Net Assets	<u>2,722,169</u>	<u>2,175,712</u>
Total Liabilities and Net Assets	<u><u>\$ 3,444,952</u></u>	<u><u>\$ 2,921,292</u></u>

See accompanying Notes to Financial Statements

COMMUNITY HEALTH CENTERS OF SOUTHERN IOWA
STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS
YEARS ENDED NOVEMBER 30, 2014 AND 2013

	<u>2014</u>	<u>2013</u>
REVENUE AND OTHER SUPPORT		
Net Patient Service Revenue (net of provision for uncollectible accounts of \$316,307 in 2014 and \$399,115 in 2013)	\$ 4,621,170	\$ 4,190,749
Grant Revenue	1,534,139	875,713
Other	514,184	260,004
Total Revenue and Other Support	<u>6,669,493</u>	<u>5,326,466</u>
EXPENSES		
Salaries and Wages	3,564,832	3,429,665
Employee Benefits	760,787	715,536
Purchased Services and professional Fees	533,435	241,495
Supplies and Other	962,413	802,855
Rent	29,766	27,914
Depreciation	253,336	241,440
Interest	18,569	24,909
Total Expenses	<u>6,123,138</u>	<u>5,483,814</u>
Operating Income (Loss)	546,355	(157,348)
OTHER INCOME AND EXPENSES		
Gain on Disposal of Fixed Assets	-	2,500
Interest Income	102	66
Insurance Proceeds	-	1,000
Total Other Income and Expenses	<u>102</u>	<u>3,566</u>
Excess (Deficit) of Revenues and Other Support Over Expenses	<u>546,457</u>	<u>(153,782)</u>
NET ASSETS - BEGINNING OF YEAR	<u>2,175,712</u>	<u>2,329,494</u>
NET ASSETS - END OF YEAR	<u><u>\$ 2,722,169</u></u>	<u><u>\$ 2,175,712</u></u>

See accompanying Notes to Financial Statements

COMMUNITY HEALTH CENTERS OF SOUTHERN IOWA
STATEMENTS OF CASH FLOWS
YEARS ENDED NOVEMBER 30, 2014 AND 2013

	<u>2014</u>	<u>2013</u>
RECONCILIATION OF CHANGE IN NET ASSETS TO NET CASH PROVIDED BY OPERATING ACTIVITIES		
Change in Net Assets	\$ 546,457	\$ (153,782)
Adjustments to Reconcile Change in Net Assets to Net Cash Provided by Operating Activities:		
Depreciation	253,336	241,440
Gain On Disposal of Fixed Assets	-	(2,500)
(Increase) Decrease in:		
Patient Accounts Receivable-Net	228,818	43,554
Grants Receivable	3,684	(972)
Third Party Payor Settlements Receivable	(181,746)	400,640
Inventory	9,744	-
Prepaid Expenses	(9,324)	3,976
Increase (Decrease) in:		
Accounts Payable	42,259	(80,360)
Accrued Expenses	(7,031)	17,556
Net Cash Provided by Operating Activities	<u>886,197</u>	<u>469,552</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Net Change in Certificates of Deposit	(31,468)	(73,442)
Purchase of Equipment	(630,958)	(45,590)
Net Cash Used by Investing Activities	<u>(662,426)</u>	<u>(119,032)</u>
CASH FLOWS FROM FINANCING ACTIVITIES		
Proceeds from Line Of Credit	45,000	65,000
Principal Payments on Line of Credit	(45,000)	(264,500)
Principal Payments on Long-Term Debt	(131,549)	(142,495)
Net Cash Used by Financing Activities	<u>(131,549)</u>	<u>(341,995)</u>
NET INCREASE IN CASH AND CASH EQUIVALENTS	92,222	8,525
Cash and Cash Equivalents - Beginning of Year	<u>15,951</u>	<u>7,426</u>
CASH AND CASH EQUIVALENTS - END OF YEAR	<u>\$ 108,173</u>	<u>\$ 15,951</u>
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION		
Cash Paid for Interest	\$ 19,006	\$ 25,096
Equipment Acquired Under Capital Lease Obligation	\$ 73,524	\$ 4,798

See accompanying Notes to Financial Statements

(This page intentionally left blank)

COMMUNITY HEALTH CENTERS OF SOUTHERN IOWA
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 30, 2014 AND 2013

NOTE 1 SIGNIFICANT ACCOUNTING POLICIES

Organization

Community Health Centers of Southern Iowa, Inc. (the Organization) is a federally qualified health center that works to improve, promote and maintain the physical and emotional health of people in the communities it serves. The Organization primarily earns revenues by providing medical, behavioral and dental services through clinics located in Leon, Lamoni, Albia, Centerville, Chariton and Corydon, Iowa, serving an eight county area in Iowa and Missouri.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Basis of Presentation

Contributions received are recorded as an increase in unrestricted, temporarily restricted, or permanently restricted support, depending on the existence or nature of any donor restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

Unrestricted – Those resources over which the Board of Directors has discretionary control. These net assets include both board designated and undesignated amounts.

Temporarily Restricted – Those resources subject to donor imposed restrictions, which will be satisfied by actions of the Organization or passage of time.

Permanently Restricted – Those resources subject to donor imposed restrictions that they be maintained by the Organization. The donors of these resources permitted the Organization to use all or part of the income earned, including capital appreciation, or related investments for unrestricted or temporarily restricted purposes.

There were no temporarily or permanently restricted net assets at November 30, 2014 or 2013.

Charity Care

The Organization provides care to patients regardless of their ability to pay. A sliding fee scale with discounts based on patient family size and income in accordance with federal poverty guidelines is used to determine patient fees. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

COMMUNITY HEALTH CENTERS OF SOUTHERN IOWA
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 30, 2014 AND 2013

NOTE 1 SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Cash and Cash Equivalents

For purposes of the statement of cash flows, the Organization considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash and cash equivalents.

Inventory

Inventory is stated at the lower of cost or market, which approximates the first in, first out method. For the year end November 30, 2014, the Organization elected to expense their inventory as it was minimal.

Property and Equipment

Property and equipment is stated at cost less accumulated depreciation. Major additions and betterments are charged to the property and equipment accounts, while replacements, maintenance, and repairs which do not improve or extend the life of the respective assets are expensed currently. When equipment is retired or otherwise disposed of, the cost of the equipment is removed from the asset account, accumulated depreciation is charged with an amount equivalent to the depreciation provided, and the difference, after taking into account any salvage realized, is charged or credited to income. Depreciation is computed on the straight-line method over the estimated useful lives.

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support, and are excluded from the excess of revenues over expense, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expiration of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Accounts Receivable

The Organization provides an allowance for uncollectible accounts based on the allowance method using management's judgment. Patients are not required to provide collateral for services rendered. Payment is required the day of service otherwise statements are mailed bi-monthly. Accounts past due are analyzed individually for collectibility, and are written off based on management's judgment. At November 30, 2014 and 2013, the allowance for uncollectible accounts was approximately \$865,000 and \$599,000, respectively.

Grants Receivable

Grants receivable consists of costs under the grant agreements that were incurred prior to year-end, for which payment has not been received. Costs incurred recoverable under grants are stated at the amount management expects to collect from outstanding balances.

COMMUNITY HEALTH CENTERS OF SOUTHERN IOWA
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 30, 2014 AND 2013

NOTE 1 SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Income Taxes

The Organization is tax-exempt under Internal Revenue Code Section 501(c)3 and not a private foundation as described in Section 509(a) for federal purposes. The Organization is also tax-exempt under Iowa statutes for state purposes. Consequently, the Organization records no provision for income taxes.

The Organization follows the income tax standard for uncertain tax positions. As a result of the application of the standard, the Organization has recognized no liability for unrecognized tax benefits.

The Organization files as a tax-exempt organization. The entity's 2011 through 2013 tax years are open for examination by the IRS.

Excess (Deficit) of Revenues and Other Support Over Expenses

The statement of operations includes an excess (deficit) of revenues and other support over expenses. Changes in unrestricted net assets which are excluded from excess (deficit) of revenues and other support over expenses, consistent with industry practice, include permanent transfers of assets to and from affiliates for other than goods and services, unrealized gains and losses on other than trading securities, and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring long-lived assets).

Contributions and Grants

Contributions and grants that are essentially contributions, including unconditional promises to give, are recognized as revenue in the period awarded.

Electronic Health record (EHR) Incentive Payments

As discussed in Note 11, the Organization received funds under the EHR Incentive program during 2014 and 2013. The Organization recognized revenue for payments received during the period.

Subsequent Events

In preparation of the financial statements, the Organization has evaluated events and transactions for potential recognition or disclosure through February 19, 2015, the date the financial statements were available to be issued.

COMMUNITY HEALTH CENTERS OF SOUTHERN IOWA
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 30, 2014 AND 2013

NOTE 2 NET PATIENT SERVICE REVENUE

Net patient service revenues is recorded when patient services are performed at the estimated net realizable amounts from patient, third-party payor and others for services rendered. Under the Medicare and Medicaid programs, the Organization is entitled to reimbursement for certain patient charges at rates determined by federal and state governments. Differences between established billing rates and reimbursements from these programs are recorded as adjustments to patient service revenue. Final determination of amounts due from Medicare and Medicaid programs are subject to review by these programs. Changes resulting from final determination are reflected as changes in estimates, generally in the year of determination. In the opinion of management, adequate provision has been made for adjustments, if any, that may result from such review.

The Organization is approved as a Federally Qualified Health Center (FQHC) for both Medicare and Medicaid reimbursement purposes. The Organization has agreements with third-party payors that provide for payments to the Organization at amounts different from its established rates. These payment arrangements include:

Medicare: Covered FQHC services provided to Medicare program beneficiaries are paid based on a cost reimbursement methodology. The Organization is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of an annual cost report by the Organization and audit thereof by the Medicare fiscal intermediary. Services not covered under the FQHC benefit are paid based on an established fee schedule.

Medicaid: Covered FQHC services provided to Medicaid program beneficiaries are paid based on a cost reimbursement methodology. The Organization is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of an annual cost report by the Organization and audit thereof by the Medicaid fiscal intermediary.

Approximately 66% and 62% of net patient service revenue is from participation in the Medicare and state sponsored Medicaid programs for the years ended November 30, 2014 and 2013, respectively. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates will change materially in the near term.

A summary of patient service revenues and contractual adjustments is as follows:

	2014	2013
Total Patient Service Revenue	\$ 9,523,280	\$ 8,363,999
Revenue Adjustments:		
Medicare	896,922	1,175,180
Medicaid	2,126,815	1,370,912
Commercial Insurance and Other	1,401,087	1,228,043
Provision for Bad Debt	477,286	399,115
Net Patient Service Revenue	<u>\$ 4,621,170</u>	<u>\$ 4,190,749</u>

COMMUNITY HEALTH CENTERS OF SOUTHERN IOWA
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 30, 2014 AND 2013

NOTE 3 GRANT REVENUE

The Organization is the recipient of a Consolidated Health Centers (CHC) grant from the U.S. Department of Health and Human Services (the 'granting agency'). The general purpose of the grant is to provide expanded health care service delivery for residents of the eight county service area in Iowa and Missouri. Terms of the grant generally provide for funding of the Organization's operations based on an approved budget. Grant revenue is recognized as qualifying expenditures are incurred over the grant period. During years ended November 30, 2014 and 2013, the Organization recognized \$1,017,092 and \$833,100, respectively.

The Organization is also the recipient of a Capital Development grant from the U.S. Department of Health and Human Services (the 'granting agency'). The general purpose of the grant is to fund the construction, renovation, and equipment purchases for the Centerville, Iowa facility. Grant revenue is recognized as qualifying expenditures are incurred over the grant period. During the years ended November 30, 2014 and 2013, the Organization recognized \$475,310 and \$-, respectively.

In addition to those grant, the Organization receives additional financial support from other federal, state and private sources. Generally such support requires compliance with terms and conditions specified in the grant agreements and must be renewed on an annual basis. During the years ended November 30, 2014 and 2013, the Organization recognized \$41,737 and \$42,613, respectively.

NOTE 4 PROPERTY AND EQUIPMENT

The components of property and equipment at November 30, 2014 and 2013 are summarized as follows:

	2014	2013
Land and Land Improvements	\$ 14,000	\$ 14,000
Buildings and Leasehold Improvements	2,636,785	1,955,791
Equipment	1,320,602	1,262,095
Construction in Progress	-	35,020
	<u>3,971,387</u>	<u>3,266,906</u>
Less Accumulated Depreciation	1,355,121	1,101,786
	<u>\$ 2,616,266</u>	<u>\$ 2,165,120</u>
Property and Equipment, Net		

COMMUNITY HEALTH CENTERS OF SOUTHERN IOWA
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 30, 2014 AND 2013

NOTE 5 LONG-TERM DEBT

Long-term debt at November 30, 2014 and 2013 consisted of the following:

Description	2014	2013
Note payable to Decatur Medical Services payable in annual installments of \$33,333 including principal and interest at U.S. prime rate less 1% (2.25% at 11/30/14) through December 2014; unsecured.	\$ 33,333	\$ 66,667
Note payable to Great Western Bank in monthly installments of \$5,443 including principal and interest at 5.50% through May 2017. Collateralized by assets of the Organization.	152,103	207,255
Note payable to Great Western Bank in monthly installments of \$1,755 including principal and interest at 5.50% through August 2017. Collateralized by the assets of the Organization.	53,564	71,147
Capital lease obligations	82,930	34,886
Total Long-Term Debt	321,930	379,955
Less: Current Maturities	(142,656)	(124,026)
Long-Term Debt, Net of Current Maturities	<u>\$ 179,274</u>	<u>\$ 255,929</u>

Maturity requirements by year on long-term debt are as follows:

Year Ending November 31,	Capital Lease Obligations	Notes Payable
2015	\$ 32,326	\$ 110,330
2016	22,262	81,340
2017	18,002	47,330
2018	9,712	-
	82,302	<u>\$ 239,000</u>
Less Interest	628	
	<u>\$ 82,930</u>	

Equipment under capital lease obligations had a cost of \$140,226 and \$61,861 and accumulated depreciation of \$22,091 and \$9,778 at November 30, 2014 and 2013, respectively.

COMMUNITY HEALTH CENTERS OF SOUTHERN IOWA
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 30, 2014 AND 2013

NOTE 6 LINE OF CREDIT

At November 30, 2014, the Organization had a \$200,000 unsecured bank line-of-credit bearing interest at the bank's prime rate plus 1.5% with a variable rate (currently 5.5%), originally due on April 15, 2014, which was extended one year to April 15, 2015. At November 30, 2014 and 2013, the outstanding principal balance on the line-of-credit was \$0 and \$0, respectively.

NOTE 7 DEFINED CONTRIBUTION PENSION PLAN

The Organization has a defined contribution pension plan covering substantially all employees. The Organization contributes up to 3% of eligible employee's compensation to the plan. Pension expense was \$81,881 and \$78,234 for the years ended November 30, 2014 and 2013, respectively.

NOTE 8 FUNCTIONAL EXPENSES

Program and general expenses for the years ended November 30, 2014 and 2013 are summarized as follows:

	2014	2013
Health Care Services	\$ 3,499,125	\$ 2,859,801
General and Administrative	2,624,013	2,624,013
Total Expenses	<u>\$ 6,123,138</u>	<u>\$ 5,483,814</u>

Fundraising expenses are immaterial and are included with general and administrative expenses.

NOTE 9 CONCENTRATION OF CREDIT RISKS

The Organization's operations are concentrated in providing health care services to people that are uninsured or underinsured. The Organization also relies on significant grants and contributions to support the program services.

The Organization grants credit without collateral to its patients, most of whom are area residents and are insured under third party payor agreements. The mix of receivables from patients and third party payors at November 30, 2014 and 2013, is:

	2014	2013
Medicare	8%	17%
Medicaid	10%	15%
Other Third Party Payors and Patients	82%	68%
	<u>100%</u>	<u>100%</u>

COMMUNITY HEALTH CENTERS OF SOUTHERN IOWA
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 30, 2014 AND 2013

NOTE 10 MEDICAL MALPRACTICE CLAIMS

The U.S. Department of Health and Human Services deemed the Organization and its practicing providers covered under the Federal Tort Claims Act (FTCA) for damage for personal injury, including death resulting from the performance of medical, surgical, dental and related functions. FTCA coverage is comparable to an occurrence policy without a monetary cap. Accounting principles generally accepted in the United States of America require a health care provider to accrue the expense of its share of malpractice claim costs, if any, for any reported and unreported incidents of potential improper professional service occurring during the year by estimating the probable ultimate costs of the incidents. Based upon the Organization's claim experience, no such accrual has been made. However, because of the risk of providing health care services, it is possible that an event has occurred which will be the basis of a future material claim.

NOTE 11 EHR INCENTIVE PAYMENTS

The EHR incentive program was enacted as part of the American Recovery and Reinvestment Act of 2009 (ARRA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act. These Acts provided for incentive payment under both the Medicare and Medicaid programs to eligible organizations that demonstrate meaningful use of certified EHR technology. The incentive payments are made based on a statutory formula and are contingent on the organization continuing to meet the escalating meaningful use criteria. For the first payment year, the organization must attest, subject to an audit, that it met the meaningful use criteria for a continuous 90-day period.

The Organization recognized EHR incentive revenue of approximately \$34,000 and \$63,750 during the years ended November 30, 2014 and 2013, respectively. This amount is included within "Other revenues" on the Statement of Operations and Changes in Net Assets.

NOTE 12 COMMITMENTS AND CONTINGENCIES

Healthcare Legislation and Regulation

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government health care program participation requirements, reimbursement for patient services and Medicare and Medicaid fraud and abuse. Recently, government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by health care providers.

Litigation

The Organization is subject to litigation in the ordinary course of business. Management intends to vigorously defend all claims and does not anticipate a material adverse outcome.

SUPPLEMENTARY INFORMATION

(This page intentionally left blank)

**COMMUNITY HEALTH CENTERS OF SOUTHERN IOWA
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
YEAR ENDED NOVEMBER 30, 2014**

	<u>Federal CFDA Number</u>	<u>Expenditures</u>
U.S. Department of Health and Human Services		
Consolidated Health Centers Cluster	93.224	\$ 891,283
Community Outreach	93.527	<u>125,809</u>
Total Health Center Cluster		1,017,092
Capital Development	93.526	<u>475,310</u>
Total Expenditures		<u><u>\$ 1,492,402</u></u>

**COMMUNITY HEALTH CENTERS OF SOUTHERN IOWA
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
NOVEMBER 30, 2014**

NOTE 1 GENERAL

The accompanying Schedule of Expenditures of Federal Awards presents the expenditures of all federal financial assistance programs of Community Health Centers of Southern Iowa, Inc.. The reporting entity is defined in Note 1 to Community Health Centers of Southern Iowa, Inc.'s financial statements. All federal financial assistance received directly from federal agencies, as well as federal financial assistance passed through other government agencies is included on the schedule.

NOTE 2 BASIS OF ACCOUNTING

The accompanying Schedule of Expenditures of Federal Awards is presented using the accrual basis of accounting, which is described in Note 1 to Community Health Centers of Southern Iowa, Inc.'s financial statements.



CliftonLarsonAllen LLP
CLAAconnect.com

**INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER
FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS
BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN
ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS**

Board of Directors
Community Health Centers of Southern Iowa, Inc.
Leon, Iowa

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of Community Health Centers of Southern Iowa, Inc., which comprise the balance sheet as of November 30, 2014 and the related statements of operations and changes in net assets and cash flows and for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated February 19, 2015.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered Community Health Centers of Southern Iowa, Inc.'s internal control over financial reporting to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Community Health Centers of Southern Iowa, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of Community Health Centers of Southern Iowa, Inc.'s internal control.

Our consideration of internal control over financial reporting was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control over financial reporting that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. However, as described in the accompanying schedule of findings and questioned costs, we identified a deficiency in internal control over financial reporting that we consider to be a material weakness.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. We consider the deficiency described as item 2014-001 to be a material weakness.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Community Health Centers of Southern Iowa, Inc.'s financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Responses to Findings

Community Health Centers of Southern Iowa, Inc.'s response to the findings identified in our audit are described in the accompanying schedule of findings and responses. Community Health Centers of Southern Iowa, Inc.'s responses were not subjected to the auditing procedures applied in the audit of the financial statements and, accordingly, express no opinion on them.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the result of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



CliftonLarsonAllen LLP

Austin, Minnesota
February 19, 2015

**INDEPENDENT AUDITORS' REPORT ON COMPLIANCE WITH
REQUIREMENTS THAT COULD HAVE A DIRECT AND
MATERIAL EFFECT ON EACH MAJOR PROGRAM AND ON
INTERNAL CONTROL OVER COMPLIANCE IN
ACCORDANCE WITH OMB CIRCULAR A-133**

Board of Directors
Community Health Centers of Southern Iowa, Inc.
Leon, Iowa

Report on Compliance for Each Major Federal Program

We have audited Community Health Centers of Southern Iowa, Inc.'s compliance with the types of compliance requirements described in the OMB *Circular A-133 Compliance Supplement* that could have a direct and material effect on each of Community Health Centers of Southern Iowa, Inc.'s major federal programs for the year ended November 30, 2014. Community Health Centers of Southern Iowa, Inc.'s major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its federal programs.

Auditors' Responsibility

Our responsibility is to express an opinion on compliance for each of Community Health Centers of Southern Iowa, Inc.'s major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Community Health Centers of Southern Iowa, Inc. compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of Community Health Centers of Southern Iowa, Inc. compliance.

Opinion on Each Major Federal Program

In our opinion, Community Health Centers of Southern Iowa, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended November 30, 2014.

Report on Internal Control Over Compliance

Management of Community Health Centers of Southern Iowa, Inc. is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered Community Health Centers of Southern Iowa, Inc. internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Community Health Centers of Southern Iowa, Inc. internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the result of that testing based on the requirements of OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.



CliftonLarsonAllen LLP

Austin, Minnesota
February 19, 2015

**COMMUNITY HEALTH CENTERS OF SOUTHERN IOWA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
YEAR ENDED NOVEMBER 30, 2014**

Part I: Summary of the Independent Auditors' Results

- (a) The auditors' report expresses an unmodified opinion on the basic financial statements of Community Health Centers of Southern Iowa, Inc.
- (b) One material weakness in internal control over financial reporting were identified during the audit of the financial statements.
- (c) No instances of noncompliance material to the financial statements of Community Health Centers of Southern Iowa, Inc. were identified during the audit.
- (d) No material weaknesses in internal control over major programs were identified and disclosed during the audit of the major federal award programs.
- (e) The auditors' report on compliance for the major federal award program for Community Health Centers of Southern Iowa, Inc. expresses an unmodified opinion.
- (f) No audit finding relative to the major federal award programs for Community Health Centers of Southern Iowa, Inc. was disclosed during the audit.
- (g) The programs tested as major programs are the Health Resources Services Administration Health Centers Cluster Program, which includes CFDA 93.224 and CFDA 93.527, as well as the Capital Development Grant, CFDA 93.526.
- (h) The threshold for distinguishing Type A and B programs was \$300,000.
- (i) Community Health Centers of Southern Iowa, Inc. was determined to not be a low-risk auditee.

**COMMUNITY HEALTH CENTERS OF SOUTHERN IOWA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
YEAR ENDED NOVEMBER 30, 2014**

Part II: Findings Related to the Basic Financial Statements

FINDING: 2014-001

ANNUAL FINANCIAL REPORTING UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP)

Condition: The Organization does not have an internal control policy in place over annual financial reporting under GAAP.

Criteria: The Organization must be able to prevent or detect a material misstatement in the annual financial statements including footnote disclosures.

Effect: The potential exists that a material misstatement of the annual financial statements could occur and not be prevented or detected by the Organization's internal controls.

Cause: The Organization has not adopted a policy over the annual financial reporting under GAAP; however, they have reviewed and approved the annual financial statements as prepared by the audit firm.

Recommendation: The Organization should continue to evaluate their internal staff and expertise to determine if an internal control policy over the annual financial reporting is beneficial.

Management's Response: Management will continue to rely upon the audit firm to create the draft financial statements and related footnote disclosures, and will review and approve these prior to the issuance of the annual financial statements.

Part III: Findings Related to Major Programs

None Identified

Part IV: Prior Year Compliance Findings

FINDING 2013- – CONSOLIDATED HEALTH CENTERS CFDA NO. 93.224 – PROGRAM INCOME

Condition: The Organization must properly apply discounts to their patients

Status: Resolved.